HE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	ALAIA et al.	Examiner:	Elda G. Milef				
Application No.:	09/832,437	Art Unit:	3692				
Filed:	April 11, 2001	Docket No.:	ARIBP017C1				
Title:	METHOD AND SYSTEM FOR CONTROLLING AN ELECTRONIC AUCTION DURING THE TRANSITION TO A CLOSED STATE						

CERTIFICATE OF MAILING

11/16/2007 HDEMESS1 00000002 09832437 01 FC:1801 810.00 GP I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to: Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, VA 22313-1450 on:

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application.

1. Submission required under 37 CFR §1.114 Previously submitted: Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on Consider the arguments in the Appeal Brief or Reply Brief previously filed on Other b. Enclosed: Amendment/Reply Affidavit(s)/Declaration(s) Information Disclosure Statement (IDS) & PTO SB/08 Form \boxtimes Other: Copies of Twenty-Two (22) Cited References

ATTORNEY DOCKET NO. ARIBP017C1 Application No.: 09/832,437

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Fee Calculation: The fee for excess claims, if applicable, has been calculated as c. shown below.

	-			Small Entity		Large Entity		
				Rate	Fee		Rate	Fee
RCE FILING F	EE			x \$405 = \$		OR	x \$810 = \$	810.00
CLAIMS	After RCE	*HP	Extra					
Total	40	60		x \$25 = \$		OR	x \$50 = \$	
Independent	8	13		x \$105 = \$		OR	x \$210 = \$	
Multiple Depen	dent Claims		-0-	x \$185 = \$		OR	x \$370 = \$	
*HP = Highest pr	eviously paid			TOTAL FEES \$			TOTAL FEES \$	810.00

TOTAL FEES \$		TOTAL FEES \$		810.00
the above-ide	entified and	olicati	on is reque	sted under
			ion io roque	otou unuor
OI		10.		
				
an extension of	f time as fo	ollow	s:	
SMALL ENTITY			LARGE ENTITY	
Rate	Add'l Fee		Rate	Add'l Fee
x \$60 = \$		OR	x \$120 = \$	
x \$230 = \$		OR	x \$460 = \$	
x \$1115 = \$	<u> </u>	OR	x \$2230 =	
al claim fee, if 10. 50-0685 (any, and/oARIBP017	or extor C1)	ension of ti in the amo	me fees. unt of
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uest Form.				
ondence to the	e following	g addı	ess:	
MER NO. 219	912			
, YI & JAMES	LLP			
othill Blvd., S	te 200			
~	ic. 200			
	an extension of SMALL I Rate x \$60 = \$ x \$230 = \$ x \$525 = \$ x \$820 = \$ x \$1115 = \$ at any addition al claim fee, if Io. 50-0685 (Ider 37 CFR \$1 r any additional fees or credit a uest Form. condence to the MER NO. 219 YI & JAMES	an extension of time as formal states and extension of ti	an extension of time as follow SMALL ENTITY Rate Add'I Fee X \$60 = \$ OR X \$230 = \$ OR X \$525 = \$ OR X \$1115 = \$ OR at any additional required extension of \$810.00 to all claim fee, if any, and/or extension fees or credit any overpaymen of the sort of	an extension of time as follows: SMALL ENTITY

Robyn Wagner

Reg. No. 50,575

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